

#3/Ext. 13 Time 3739



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. G-4
In re Application of: Scott Ciarrocca et al.		
Application Number: 10/082,017		Filed: 02/25/02
For: Electrosurgical Apparatus And Methods For Cutting Tissue		
Group Art Unit: 3739		Examiner: L. Cohen

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | |
|---|----------|
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$110.00 |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$ |

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Commissioner has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-0359.

- I am the ☐ applicant/inventor
- ☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96)
- ☒ attorney or agent of record.
- ☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Jun 9, 2003
Date

Richard R. Batt
Reg. No. 43,485

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of ___ forms are submitted.

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